



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

**A monthly publication for employees of the North Carolina Department of Health and Human Services**

## DHHS gets new leader; Cansler returns to private sector

Gov. Bev Perdue named Al Delia as Acting Secretary of the Department of Health and Human Services, following the resignation of Secretary Lanier Cansler to return to the private sector.

Delia, who served as the Governor's senior adviser, assumed the new post on Feb. 1. A former associate vice chancellor at East Carolina University, Delia joined the Perdue Administration in 2009 and has served as the Governor's chief policy adviser and Senior Adviser.

"Al has an incredible depth of understanding of health care policy and the challenges we face," Perdue said. "I have every confidence in his ability to lead the department at this critical time."

"This is a wonderful opportunity to work with a great team," Delia said. "I am humbled and honored to respond to Governor Perdue's invitation to lead DHHS. I look forward to working with the Governor and with the General Assembly to meet the budget challenges we face. I have a great deal of respect for all the work done at DHHS."

Cansler, has been appointed to chair the Governor's new Commission on an Affordable Healthcare System for North Carolina.

The mandate of the commission on affordable health care is, over several months, to develop a vision to help make North Carolina's healthcare system more affordable and sustainable, including proposed changes in the law, regulations and the financial reimbursement process, as well as proposals for encouraging individual North Carolinians to live healthier lifestyles.

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## Challenged to do our best



Albert A. Delia

These are challenging times to work in state government and I am honored to work with Governor Perdue to continue to provide the vital services so many North Carolinians need in these tough and uncertain times. I am so proud of the work and dedication, in the face of sometimes difficult circumstances, that each DHHS employee demonstrates every day by assuring that critical services needed by our citizens continue to be there for them.

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**DHHS gets new leader cont. from page 1**

“Governor Perdue is a tremendous leader,” Cansler said. “I am honored to have served on her team as she steered the state through incredibly difficult times and stabilized North Carolina’s fiscal house. We cut spending, eliminated waste and consolidated agencies – all to make state government more efficient without neglecting our core mission of serving the people.”

“I could always depend on Lanier to help find the best answer for the people of North Carolina,” Gov. Perdue said.

“I will miss his calm, wise advice; the state is better for his service. He remains a friend and I will continue to rely on his counsel.”

Cansler renewed the commitment of the department to enhance public confidence in the agency’s ability to successfully meet the challenges and address the needs of North Carolina’s citizens while Secretary. He shared the Governor’s focus of strengthening the agency with more open manage-

ment, transparency and with a goal of achieving greater effectiveness and efficiency in the delivery of vital services to all North Carolinians.

Delia previously served as president and chief executive officer of North Carolina’s Eastern Region Development Commission. He was also Associate Vice Chancellor for research, economic development and community engagement at East Carolina University. ■

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**Challenged to do our best cont. from page 1**

With this new appointment, I look forward to being part of the important work that goes on within the Department. Whether it is services that improve the lives of expectant mothers and newborns, helping the elderly live with security and dignity, or providing help and services to everyone in between, it is critical work that impacts the lives of millions of North Carolinians, particularly our most vulnerable citizens.

You are at the core of one of the most important departments in state government, and you have a hand in providing help and service that impacts people’s lives directly. Imagine where your neighbor, your community and our state would be without the helping hand you and every DHHS employee offers every day to the patient struggling with mental illness, to the single working mother who relies on us to help with her child’s day care so she can earn a living, to the elderly woman who counts on our help to stay in her home, to the family whose dinner table

has food because of what we do. I commend you for what you have done, and I challenge you to continue with the hard work. It is important for us to continue our efforts, particularly in these tough times. We owe that to our children, our grandparents, our needy, and our citizens with disabilities. We are all North Carolinians and North Carolinians help each other when help is needed.

I am already familiar with many who hold leadership positions in DHHS, and I am looking forward to getting to know many more of you as together we work to improve the lives and future of all North Carolinians. I am fortunate and honored to serve the people of our state, and privileged to do it with the help of all of you – the DHHS Team.

Over the past few years I have worked closely with Secretary Cansler and have become familiar with many of the more pressing and complex issues within the Department. Much work has been done and we can already

see many successes and improvements. But, much remains to be done.

I am confident that through his excellent leadership Secretary Cansler is leaving behind a stronger, more responsive Department; and I believe it is in our interest to continue with DHHS Excels and its transformative efforts to integrate services and outcomes. I also look forward to continuing the career-building efforts of LeadershipDHHS, an excellent example of the Department’s focus on the importance of preparing new leaders as well as breaking down the silos within the Department.

In the coming months I look forward to meeting many of you as I learn more about the Department’s operations, staff and the opportunities we share to improve the lives of our state’s citizens.

  
Albert A. Delia  
Acting Secretary

Dear Members of the DHHS Team:

One of the greatest honors ever given to me has been the honor to serve the State as the Secretary of the Department of Health and Human Services. During the past three years, and what may well be the most difficult budgetary time the State has ever experienced, the dedication and hard work of the DHHS team has been demonstrated as we have labored together to ensure that the people of North Carolina continue to have access to the critical services important to their health and well being.



Lanier M. Cansler

I believe the Governor can be proud that over the past three years, working together, we have made very positive progress in the health and human services arena even though we have faced significant budget reductions and pressures. With DHHS Excels we have begun a real transformation of the Department from a collection of uncoordinated silos of services to an integrated system of services focused on achieving positive outcomes, new independence, and improved lives for the people we serve. We have begun a transformation of our state healthcare facilities from independent organizations struggling with reports of abuse and neglect of patients to a real system of care, recognizing a continual reduction in reports of abuse and neglect, enhancing our training of staff to improve patient care, and implementing a system of real financial accountability.

Although faced with continued budget reductions, we have maintained access to critical services in the State's Medicaid program, working with our CCNC partners and others to increase both clinical and cost effectiveness. We have strengthened our program integrity efforts to help ensure that taxpayers' dollars are spent appropriately and achieving the greatest results. We have turned the corner on mental health system reform and begun a real stabilization and strengthening of the system. We can all be proud of these and many other DHHS accomplishments that have been made during the first three years of this administration.

But after much thought and consideration, I have come to the conclusion that it is time for me to step down as the Secretary of Health and Human Services. I make this decision with regret because I have enjoyed being the leader of the DHHS team, I am proud of the progress our great team has made over the past three years, and I remain strongly committed to the important mission of this department and the people we serve.

Despite all the political rhetoric you may have heard or read, I will depart knowing that the Department of Health and Human Services has enhanced its ability to meet the needs of North Carolina residents in a more effective and efficient manner. It is for personal reasons I need to step away from the considerable demands of the position of Secretary and expect to complete my official responsibilities at DHHS on January 31, 2012.

Although I have tendered my letter of resignation to Governor Perdue, I want you to know how much I sincerely appreciate the opportunity and honor the Governor has given to me, allowing me to serve the State in such an important capacity, and how much I will always appreciate your dedication and hard work serving North Carolina. I will be looking for other opportunities to engage in efforts to improve the health and welfare of the people of our great State.

Thank you for all you do for North Carolina. Please keep up the good work.

Sincerely,

A handwritten signature in black ink that reads "Lanier M. Cansler". The signature is fluid and cursive, with the first name "Lanier" being more prominent.

Lanier M. Cansler

# New leadership at Division of Public Health

Dr. Laura Gerald, former executive director of the Health and Wellness Trust Fund, has been appointed state health director effective Feb. 1. Gerald will become director of the combined Division of Prevention, Access and Public Health Services upon the merger of the Division of Public Health and the Office of Rural Health and Community Care later this year.

Dr. Jeff Engel, state health director since 2009, will take on a broader policy-making role in the Office of the Secretary as a special advisor on health policy.

The leadership moves coincide with the governor's executive order encouraging agencies to consolidate and realign state government, to better serve all citizens and achieve efficiency.

During the past decade, Dr. Gerald, a North Carolina native and pediatrician, has been a consultant and senior advisor for Community Care of North Carolina (CCNC) on disease management, quality improvement, cost-containment efforts and coordination of CCNC across state agencies. Most recently she has served as an advisor to the secretary on community care and chaired the governor's Eugenics Compensation Task Force.

"Dr. Gerald is a distinguished medical professional who has brought unparalleled success to the enormously important and historic challenges that I have put before her," Gov. Bev Perdue said. "Now I have asked her to serve the people of North Carolina again as we bring these important offices together in our continuing efforts to consolidate and reorganize state government to better aid our communities."

Following her medical training at Johns Hopkins School of Medicine and Johns Hopkins Hospital, Dr. Gerald was recruited as part of the National Health Service Corps to return to her hometown of Lumberton to practice general pediatrics. Her interest in addressing health issues on a broader scale led her to pursue and earn a master's degree in public health from the Harvard School of Public Health. Dr. Gerald also completed the Commonwealth Fund Harvard University Fellowship in Minority Health Policy.

Since his appointment in 2009, Dr. Engel oversaw the state's response to the H1N1 pandemic, the successful passage and implementation of the South's first statewide ban on smoking in bars and restaurants and a decline of infant mortality rates to the lowest in North Carolina's history. Dr. Engel also



Dr. Laura Gerald

saw an 18-percent decline in new HIV infections from 2009-2011. Dr. Engel also managed the receipt and implementation of \$23 million in new recurring federal funds to support expansion of home visiting programs, implement a quality improvement initiative in Public Health, improve health data systems and provide community transformation grants to help North Carolinians make the healthy choice the easy choice.

"I'm looking forward to having Dr. Gerald and Dr. Engel on the leadership team as we strengthen an agency that is critical to so many North Carolinians and work to improve their health," Acting DHHS Secretary Al Delia said. ■

– Julie Henry, DHHS Public Affairs



# Division of Medical Assistance honored, rewarded for enrollment of children

The Division of Medical Assistance (DMA) has been awarded a bonus of \$21 million from the federal Medicaid agency for its commitment to enrolling children into health coverage.

DMA met criteria for the bonus under the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009. The legislation provides incentives to state Medicaid agencies for enrolling eligible children into either Medicaid or the Children's Health Insurance Program (CHIP), which covers children from families with an income slightly too high for Medicaid eligibility.

DMA was also singled out for a new approach to reapplying for those programs, making it easier for children to maintain continuous health coverage and avoid gaps.

"This Performance Bonus is confirmation of your state's ongoing and strong efforts to identify and enroll eligible children in Medicaid and CHIP coverage," said the letter from the federal Centers for Medicare & Medicaid Services (CMS) announcing the award. "CMS commends your ongoing efforts to enroll children in health insurance coverage programs and your commitment to a simplified and family-friendly enrollment and renewal process."

The bonus totals \$21,135,087.

DMA's new method of re-enrolling for Medicaid or N.C. Health Choice, which is the state's CHIP program,

allows thousands of children who might have temporarily lost their benefits to keep them. The streamlined process has resulted in fewer automatic drops, which occurs when a beneficiary (or parent/guardian, in the case of children) omits a step or misses a deadline during annual re-enrollment. Since July, when the new procedures were put into place, about 10,000 children each month who would have been dropped from Medicaid or Health Choice are remaining covered.

Of the 1.5 million North Carolinians enrolled in Medicaid, more than 600,000 are infants or children. N.C. Health Choice (NCHC) covers another 150,000. By federal regulation, coverage by Medicaid or NCHC expires after one year.

In the past, re-enrollment consisted of DMA mailing a form to each recipient, who then either filled it out and mailed it back, or took it in person to the county Department of Social Services (DSS) office. The new procedure omits the form and office visit if there were no changes in income or other eligibility categories. Intake workers at the county DSS offices use several databases – from state Employment Security Commission to federal Social Security Administration – to verify no changes have occurred. If it checks out, the child is automatically re-enrolled.

Carolyn McClanahan, chief of eligibility for DMA, said the changes come from a realization that "churn" – or the constant cycling of Medicaid enrollees in and out of coverage – is not only an administrative burden and expense, but also potentially harmful to the people served by the program.

"A lot of times, people realize they've lost their coverage only when they go to the doctor. And to get back on the program, it's hard for people who work to take time off and come in person to reapply," McClanahan said. "With our emphasis on managing care for our recipients, which requires a continuity of care by their primary care providers, it doesn't make sense to have 10,000 or more children go off the program each month, only to come back on later. There's a real emphasis on simplification and eliminating the churn as much as possible."

Before the process was streamlined, about 70-75 percent of child Medicaid or NCHC recipients were re-enrolled each month. Since July, the retention rate has jumped to around 85 percent, and some months surpassing 90 percent. Some children are still dropped due to re-enrollment issues, but the monthly totals number around 2,000 instead of the 10,000-12,000 that had been usual prior to the streamlining.

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**Division of Medical Assistance honored cont. from page 5**

Technological advances make the new procedures possible. For now, McClanahan said, DMA and its county DSS partners can reliably handle only the 60,000 children's

Medicaid or NCHC re-enrollments that come due each month. Forthcoming technological upgrades, along with new federal requirements due to take effect in the next few years,

will allow the same approach with renewing enrollment for adult and disabled Medicaid recipients. ■

– Brad Deen, DHHS Public Affairs

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## **DSS receives grant targeting improved child welfare outcomes**

The North Carolina Division of Social Services has been awarded grant funding for ***Project Broadcast: Disseminating Trauma-Informed Practices to Children in the North Carolina Child Welfare System***. This project provides the state \$640,000 each year through September 2016. Its aim is to help provide children with services and practices to address the trauma caused by past abuse or neglect before that mistreatment leads to mental health problems or chronic disorders later in the child's life.

"This grant opportunity will help to provide tools that increase the capacity of the division and local departments of social services to serve children and families in our child welfare system," said Sherry Bradsher, director of NCDSS. "Incorporating trauma-informed practices into our child welfare services allows for a more holistic approach to meeting the needs of children."

Children and youth entering into the child welfare system have all, to some degree, experienced trauma. Many have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences can often lead to mental health problems and over the child's lifetime may lead to other disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

In adopting trauma-informed, evidence-based practices, agencies serving children and youth in the child welfare system will take steps to adapt their service delivery system to include a better understanding of how trauma affects the lives of the children being served. Trauma-informed programs and services are based on an understanding of the vulnerabilities or triggers of trauma survivors so that these services and programs can be more supportive and meet the needs of the individual child. Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

"Children who have been abused or neglected have been in and felt many negative experiences in their lives," said Bradsher. "We owe it to them and their future to have a system in place that acknowledges those experiences, understand their traumas, deals with its impact and prevents future occurrences."

This grant is funded through the U.S. Department of Health & Human Services, Administration for Children & Families (ACF). NCDSS

is partnering on this project with the Center for Child and Family Health, a leader of the National Child Traumatic Stress Network, as well as the University of North Carolina at Chapel Hill – all of which are proven national leaders in developing effective programs and resources in this area.

The goals of Project Broadcast are:

- Coordinate system-level changes across the system of care in the nine demonstration counties – Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson;
- Develop trauma-informed child welfare workforces and systems across the demonstration counties;
- Increase local capacity and access to trauma-specific evidence-based mental health treatments for children and youth in the demonstration counties; and
- Develop a plan to incorporate these practices statewide.

For more information about North Carolina's child welfare programs, go to **[www.ncdhhs.gov/dss](http://www.ncdhhs.gov/dss)**. ■

– Lori Walston, DHHS Public Affairs

# North Carolina wins early learning challenge grant

In December, North Carolina won a \$70 million Race to the Top-Early Learning Challenge grant from the U.S. Department of Education and the U.S. Department of Health and Human Services.

North Carolina was among nine winners chosen from 37 applicants competing for a share of \$500 million.

U.S. Secretary of Education Arne Duncan told McClatchy Newspapers that North Carolina's application was the best in the nation.

"It was literally the best application we received from any state in the country," Duncan told McClatchy.

DHHS is thrilled about this exciting opportunity to strengthen efforts to ensure that all children are able to start kindergarten with a strong foundation for future learning.

Quality early childhood programs have proven to produce better education, health, family and economic outcomes. Effective early education from birth to age five correlates with school readiness, academic achievement, college graduation, good citizenship and a productive workforce.

DHHS and the Division of Child Development and Early Education (DCDEE) played a significant role in creating the winning application, and will also receive a significant share of funding from the grant. While the grant will ultimately benefit children and families across the state, it cannot be used to increase capacity in existing services such as the North Carolina Pre-K program or child care subsidy. The application and parameters of the grant specified that the funding is designed to add value and support to those currently funded investments in order to increase their impact and effectiveness.

"This grant will offer needed support for efforts to improve the quality of services provided to the youngest children in North Carolina," said Dr. Deb Cassidy from DCDEE.

Some of the projects that will be supported by the grant include:

- The development of a child care quality assessment tool that is designed specifically for regulatory purposes
- Training and technical assistance opportunities for child care providers
- Grants to assist one- and two-star programs as they work to increase levels of program quality

- The development of a system of unique identifiers for children so that children's progress can be tracked from birth to high school
- Multiple strategies to improve child care quality and provide additional supports to high-poverty counties in the northeast corner of the state.

"All children in a classroom benefit if everyone starts kindergarten ready to succeed," Gov. Perdue said. "North Carolina's early childhood system is a national leader, and this grant will allow us to take dramatic steps forward toward the goal I have set of assuring that every child has the chance to succeed in school and life." ■

— Lori Walston, DHHS Public Affairs

## Levine Award honors partnership between hospitals and Public Health

William Pully, president of the North Carolina Hospital Association, was honored as the 2012 recipient of the Ronald Levine Legacy Award in recognition of his contributions to public health in our state. The award was presented at the conclusion of the annual 2012 State Health Director's Conference on Jan. 27.

In presenting the award, outgoing State Health Director Jeff Engel acknowledged Pully's leadership in the development of the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), a statewide syndromic surveillance system that gathers data from hospital emergency departments and other providers to monitor a variety of public health issues in a secure and timely fashion, and the North Carolina Health Information Exchange, a public/private collaboration to provide a secure, sustainable technology infrastructure that supports the real time exchange of health information

Engel also highlighted Pully's involvement in the Public Health and Hospital Collaborative, a public-private partnership between the Division of Public Health, NCHA, the N.C. Institute for Public Health and the N.C. Center for Public Health Quality that has developed standards for community health assessments as required for nonprofit hospitals by the Affordable Care Act (ACA) and the Public Health Exchange.



NCHA President Bill Pully, left, receives the Ron Levine Legacy Award from its namesake, Dr. Ron Levine, at the 2012 State Health Director's Conference.

— Photo by Julie Henry, DHHS Public Affairs

Pully, a native of Rocky Mount, began his career with NCHA as director of government relations. He became president of the association in 1999.

— Julie Henry, DHHS Public Affairs



# Surgeon General promotes prevention strategy at health conference

U.S. Surgeon General Dr. Regina Benjamin was the featured speaker at the 2012 State Health Director's Conference, sponsored by the Division of Public Health. More than 300 local health directors, public health staff and community and state level partners attended the annual conference, the theme of which was Expanding Partnerships to Transform Health Outcomes.

Dr. Benjamin spoke about the National Prevention Strategy: America's Plan for Better Health and Wellness, a comprehensive plan to keep Americans healthy at every age. The plan emphasizes a transition from a system of sick care to one based on wellness and prevention. It encourages partnerships among federal, state, tribal, local and territorial governments; business,



U.S. Surgeon General Regina Benjamin encouraged participants at the 2012 State Health Director's Conference to follow their "joy" in finding ways to be active and stay healthy, and to bring that enthusiasm to their work in their communities.  
— Photo by Julie Henry, DHHS Public Affairs

industry, and other private sector partners; philanthropic organizations; community and faith-based organizations; and everyday Americans to improve overall physical and mental health through prevention.

She recognized North Carolina's progress toward its Healthy North Carolina 2020 goals as an example for other states to follow, with improvements in infant mortality rates, HIV transmission rates, and heart attack rates following smoke-free policies as evidence of the benefits of partnerships focused on preventive health.

The Surgeon General also gave a keynote address for a Tobacco Town Hall session at the conference about keeping teens tobacco free.

— Julie Henry,  
DHHS Public Affairs

## Central Regional's Lopez honored with Larkins Award

Carlos Lopez, a staff development specialist at Central Regional Hospital, is this year's recipient of the John R. Larkins Award. Lopez was recognized for his many contributions as a state employee to human and race relations in the workplace and to his community. The award was presented on Jan. 13 at the Annual State Employees' Martin Luther King Jr. Day Observance Program.

"Carlos Lopez has committed his life to helping people of the Hispanic and Latino communities by bridging race and cultural disparities in the healthcare setting. Within his community, he has dedicated his time by advocating for new minorities, consulting with local business owners on diversity and working as a translator for families within the school system," said Gov. Perdue who spoke at the program. "He truly exemplifies John Larkins' ideals through his commitment to human and race relations in the workplace and community."

Lopez, who immigrated to the United States as an adolescent and earned his citizenship, was nominated by his colleagues at Central Regional. He provides outreach to patients and families of other cultures and language, serves as an advocate for new minority and ethnic staff, and has developed an online program for staff on Hispanic cultures and speaking Spanish in a healthcare setting, particularly targeted to the inpatient psychiatric setting.



Carlos Lopez addresses the audience at the Annual State Employees' Martin Luther King Jr. Day Observance Program at the First Baptist Church in Raleigh. – Photo courtesy of Katy Warner, N.C. Department of Transportation

The awards day was a special day for Lopez in more ways than one. According to his supervisor, Debbie Thomas, Lopez' first grandson was born on the day he received the award. "Carlos told us that Friday the 13th is a lucky day for him," Thomas said.

The John R. Larkins Award was created in 1998 as one of North Carolina's

highest honors in public service. Larkins, who joined state government in 1942, helped create and expand the state's programs for minorities, the poor and the disadvantaged, including establishment of the Good Neighbor Council, now known as the Human Relations Commission. ■

– Julie Henry, DHHS Public Affairs

# Medical Homes save N.C. Medicaid nearly \$1 billion

N.C. Medicaid's commitment to medical homes has saved nearly \$1 billion over four years, according to an analysis by a national health care consulting firm.

The report by Milliman Inc., an actuarial firm based in San Diego, Calif., examined medical homes – a system that coordinates care for N.C. Medicaid recipients by encouraging regular visits to a single primary-care medical practice. Milliman's analysis, which was mandated by the General Assembly, found that recipients with a medical home receive better care and consume fewer Medicaid resources than those who lack one. From 2006-2010, Milliman computed, N.C. Medicaid cost-avoided \$984 million by enrolling about 80 percent of its 1.4 million members into medical homes.

"Setting government straight is one of my top priorities," Gov. Bev Perdue said, "and that means getting more out of every dollar the state spends and fueling innovations that save money, which is exactly what this program does."

DHHS Secretary Lanier Cansler called the report, "further validation that we are on the right track to ensuring high-quality medical care with the most efficient use of taxpayer dollars."

DHHS' partner in providing medical homes since 1998 has been Community Care of North Carolina (CCNC), a nonprofit group of physician networks that treat Medicaid recipients. The 14 regional Community Care networks pool their resources for technological and administrative purposes, which not only saves operational costs but also provides opportunities for cooperation and collaboration throughout the networks.

Key to the success of medical homes is a strong emphasis on preventative care and aggressive care management. Although the cost of frequent office visits and treating newly diagnosed conditions adds to program costs initially, the reduction of emergency room visits and hospital admissions, as well as capturing of efficiencies and improving quality of care, eventually turns into cost savings.

As N.C. Medicaid enrolled higher numbers of its members into a Community Care medical home, Milliman found annual savings increased – \$103 million in state fiscal year 2007; \$204 million in SFY 2008; \$295 million in SFY 2009; and \$382 million in FY 2010.

Milliman also reported eventual successes in N.C. Medicaid's campaign to enroll aged, blind or disabled (ABD) members into a medical home. Those Medicaid populations are generally the least healthy overall and costliest to treat, and enrollment into medical homes predictably would add to the cost of caring for them, at least initially.

Milliman found that in SFY 2006, medical home enrollment of ABD populations cost the state an additional \$82 million. That dropped to \$34 million in extra costs for SFY 2007, as emergency room and hospital costs were avoided, and \$13 million extra in SFY 2009. But in SFY 2010, enrollment of ABD Medicaid recipients into medical homes began to pay off, as the state avoided \$53 million in costs. ■

– Brad Deen, DHHS Public Affairs

# Quality Improvement “Pioneers” showcased at Division of Public Health

On Jan. 9, the Division of Public Health (DPH) hosted the inaugural Quality Improvement Celebration Event to showcase the accomplishments of four DPH “Pioneer” quality improvement (QI) teams.

The teams all participated in the QI 101 program, using lean principles and tools and process improvement techniques to improve a specific area within a program or service. The N.C. Center for Public Health Quality is charged with implementation of the QI initiative throughout the Division of Public Health and in local health departments across the state.

“This event was a great chance for leaders and staff to witness firsthand the improvements and the excitement that successful quality improvement projects generate in front line staff,” said Greg Randolph, director of the Center for Public Health Quality. “The QI teams’ efforts modeled many DHHS values – customer-focused, result-based, anticipatory and collaborative.”



Tish Singletary, Joyce Swetlick, Greg Randolph and Donna Dayer discuss the QI project from the Tobacco Prevention and Control Branch.  
– Photo by Julie Henry, DHHS Public Affairs

The Pioneers represented the Heart Disease and Stroke Prevention Branch, N.C. Vital Records, N.C. Tobacco Prevention and Control Branch, and the N.C. Institute for Public Health.

“We definitely learned a lot and feel excited about going forward with this knowledge in tow,” said Donna Dayer, QI team member of the N.C. Tobacco Prevention and Control Branch. “Helping providers use QI methods to make systems change is really the future of tobacco dependence treatment in clinical settings.” ■

– Andrea Cordova, N.C. Center for  
Public Health Quality





A total of nine outreach sessions were held from Oct. 24 to Dec. 14 in the following locations: Greensboro, Asheville, Morganton, Raleigh (4 sessions), Wilmington, and Greenville. Approximately 55 people attended each session, resulting in contact and interaction with 450 DHHS staff during this time period; a total of 407 evaluations were submitted.

All participants were asked whether they agreed or disagreed with the following three statements:

- I have a better overall understanding of DHHS Excels as a result of today's session. (Overall response from all sessions and all attendees: 96 percent agreed; 4 percent disagreed.)
- I understand better what the department has been doing to make this management and cultural change a reality. (Overall response from all sessions and all attendees: 95 percent agreed; 5 percent disagreed.)
- I would recommend that my co-workers and other DHHS employees attend an outreach session. (Overall response from all sessions and all attendees: 89 percent agreed; 11 percent disagreed.)

Responses were divided between supervisors and team members. In general, team members responded more positively than supervisors. The session location garnering the most "disagrees" was Greensboro, with team members being more positive than supervisors. Greensboro session attendees also submitted the fewest evaluations, and they had the highest disagree response to recommending that other employees attend outreach sessions. In other locations there were several 100 percent agrees (from both supervisors and team members) in all the categories. Overall, combined responses to the statements above were 93 percent agreed and 7 percent disagreed.

To me, the best part of all the Outreach sessions is the opportunity to meet DHHS staff all around the state and to hear their questions and concerns. These sessions help us all to become more collaborative and aware of what's going on around the state, and they also help improve communication and understanding of DHHS's numerous operations and services. ■

– Sandra K. Trivett,  
DHHS Special Projects Office

## Excels sessions planning under way for 2012

**Deputy Secretary Maria Spaulding, executive sponsor of the Excels Outreach Committee, has scheduled a session for office-based staff in Charlotte in March and will also be scheduling meetings at DHHS facilities around the state in coming months.**

# Radon poster contestants recognized

North Carolina health officials announced winners of the fifth annual statewide radon poster contest at an award ceremony Jan. 6 at the North Carolina Museum of History. The announcement was part of the state's observance throughout January of Radon Action Month.

"We had a four-fold increase in interest in this year's contest compared with last year's," said Drexdal Pratt, director of the Division of Health Service Regulation. "This surge in interest tells us that more school children are becoming aware of the importance of detecting the presence of radon in the home, and if warranted, doing something about it."

Pratt presented awards to contestants who attended the ceremony. The contest is open to students ages nine through 14 and is sponsored by the Radiation Protection Section of DHHS.

Those attending the ceremony included Bronwyn Cortez, who placed third and Carson Gann, honorable mention, both eighth graders at Our Lady of Mercy School in Winston-Salem; and Laura Gomez, honorable mention, a fifth grader at the Morehead STEM Academy in Charlotte.

Others garnering honors: first place, Truc Tran, seventh grade, and second place Jaylene Portillo, fourth grade, both of Morehead STEM Academy in Charlotte; and other honorable mentions Christopher Silvey,

seventh grade, Midway Middle School, Dunn; Jamari Green, seventh grade, Lewis Chapel Middle School, Fayetteville; Melissa Farmer, ninth grade, Our Lady of Mercy School; and Adonia Jenkins, ninth grade, Fairmont High School, Fairmont.

All winners and honorable mentions received cash prizes. Posters were judged for content accuracy, visual communication of topic, reproducibility and originality. The top three were entered in the National Radon Poster Contest, judged in Kansas City. Photographs of the top three posters and all the honorable mention posters were displayed in the lobby of the history museum the second week of January.

"We congratulate these outstanding students for their creativity and achievement, as well as the more than 280 other students whose entries made this a challenging competition to judge," said Pratt.

Radon is a naturally-occurring, invisible, odorless and tasteless gas that is dispersed in outdoor air but can reach harmful levels when trapped in buildings. It is the second leading cause of lung cancer deaths in the United States after smoking and the leading cause of lung cancer among non-smokers. Testing of homes for elevated levels of radon is simple and inexpensive, and radon problems can be fixed by qualified contractors. ■

— Jim Jones,  
DHHS Public Affairs



## Top three posters

From the top down, posters finishing first, second and third in the competition, displayed at the museum.



## Poster honorees

Radon poster contest winners, left to right, Bronwyn Cortez, Carson Gann and Laura Gomez hold plaques presented to them by Drexdal Pratt during a ceremony last month at the North Carolina Museum of History.

— Photos by Jim Jones, DHHS Public Affairs

## Broughton Hospital lab receives accreditation

Broughton Hospital Laboratory and Point of Care Laboratory have been awarded accreditation by the Accreditation Committee of the College of American Pathologists (CAP), based on results of a recent onsite inspection. The CAP Laboratory Accreditation Program, begun in the early 1960s, is recognized by the federal government as being equal to or more stringent than the government's own inspection program.

During the CAP accreditation process, inspectors examine laboratory records and quality control procedures

for the preceding two years. CAP inspectors also examine laboratory staff qualifications, as well as the laboratory equipment, facilities, safety program and records, in addition to the overall management of the laboratory. This stringent inspection program is specifically designed to ensure the highest standard of care for all laboratory patients.

Broughton Hospital's main laboratory is directed by Dr. Andrew Brant, and the point of care laboratory is directed by Dr. George Krebs; both are managed by Mark Berry, MT (ASCP).

The laboratory staff includes Lisa Moorefield, Dale Shaffer, Ranjana Joshi, Kristie Murley-Johnson, Nathan Smith, Ron Hypse, Pat Ellis, Trent Estes, Karen Warren, David Buchanan and Deb Smith.

Tom Mahle, CEO of Broughton Hospital, commended the laboratory's achievement and expressed thanks to laboratory staff, manager, and directors, Dr. Andrew Brant, Dr. George Krebs, Mark Berry for the excellent services they provide for the hospital. ■

— Renee Whisnant,  
Broughton Hospital

## Nichols wins an iPad; 2011 SECC drive concludes



— Photo by Jim Jones, DHHS Public Affairs

Debbie Nichols, center, had a pre-holiday surprise in December. When called on to provide a report on State Employee Combined Campaign progress to the Division of Health Service Regulation Management Team, she was asked to step forward for a presentation. Making the surprise announcement that she had won the drawing for an iPad2 were DHHS Director Drexler Pratt, left, and Sandra K. Trivett, who served as DHHS executive for the campaign. The iPad was contributed as an incentive for contributors in this year's campaign.

Trivett reports that DHHS employees donated \$305,495.00 to SECC charities in 2011, second in department-wide contributions only to the Department of whose employees pledged \$358,844.00. Overall, \$4,183,561.00 was raised statewide for the Combined Campaign. ■

— Jim Jones,  
DHHS Public Affairs

# Training connects first responders, Deaf community for preparedness

Imagine you've just experienced a major hurricane and flood waters are rising all around you. You head to the roof of your home to escape the rising water, but now you have no access to any type of communication with the outside world. You are unsure when or if help will come or what you can do to let anyone know you need assistance.

As scary as this scenario may seem, it isn't an example created to illustrate a point. It is a real story. A woman in eastern North Carolina who is Deaf stayed on her roof for three days after Hurricane Floyd while flood waters swelled around her before she was rescued by helicopter.

Communication in times of emergency or crisis is essential and for those who struggle with communication access, it can mean the difference between being stranded and being saved.

On Jan. 13, more than 20 Wilson-area Deaf, hard of hearing and deaf-blind consumers and more than 20 emergency responders from local and state agencies spent a day together taking steps to learn more about each other and to apply those lessons to disaster and emergency preparedness.



This groundbreaking event was sponsored by the North Carolina Division of Services for the Deaf and the Hard of Hearing (DSDHH) and Telecommunications for the Deaf and Hard of Hearing, Inc. (TDI). The Community Emergency Preparedness Information Network (CEPIN)-designed training provided Deaf, hard of hearing, deaf-blind people (consumers) and emergency responders the practical skills needed to communicate in the event of large-scale emergencies or disasters. The training was the first of its kind provided in North Carolina.

The first step was sitting down with each other to learn more about the communication needs of consumers and responders. Throughout the day, each group explored the roles, responsibilities and expectations of the other prior to, during and after

disasters and emergencies. An afternoon activity involved the two groups breaking up into small groups and applying the lessons learned by solving an emergency situation without the assistance of interpreters.

At the end of the day participants indicated that they had learned important information that they could take back to their respective communities and agencies and share with their co-workers and fellow staff.

"I hope EMTs and emergency officials went away with a clear understanding of what it takes to effectively alert Deaf, hard of hearing and deaf-blind individuals during emergencies," said Jan Withers, DSDHH director. She also said that the consumers were urged throughout the training to become involved in the emergency planning process in their community and that the division hopes to sponsor this type of training annually in the years to come. ■

— Tom Ditt, DSDHH



# For vision impaired, accessibility is critical; for web design, assuring access is a must

Imagine turning on your computer and having it begin talking to you!

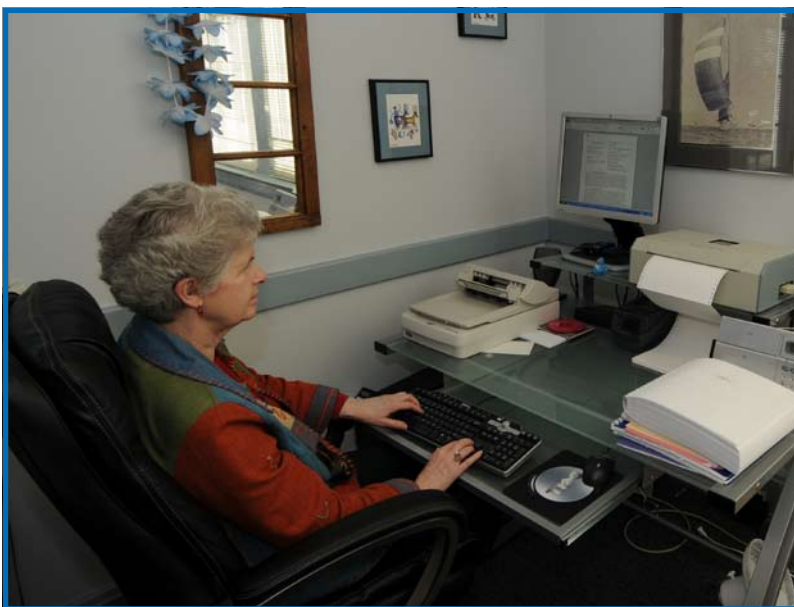
Perhaps this would seem like something from a science fiction movie? Actually, it is quite real and is accomplished with the use of a screen reader program. This program is used most often by people who are visually impaired and are unable to adequately see a computer monitor. This type of program allows the user to read and create e-mails, surf the web, or create and read the text of documents or spreadsheets.

As you might imagine, losing your vision is a life altering experience. So much of what we do in our day-to-day lives is accomplished with the use of our vision. Imagine if you lost the ability to see your computer screen or all you could see were fuzzy white images. You know that cursor is there somewhere but it is just too elusive for you to identify. Sound pretty frustrating and discouraging? That's right, it can be.

But now, opportunities for greater independence have increased tremendously for individuals who are visually impaired. There are several screen reader programs, as well as electronic Braille displays which allow someone who is blind or Deaf/blind to read what is on the computer screen. In this article I will primarily address Screen Reader Programs.

## Screen Readers

Screen readers for use by individuals who are visually impaired have been around for about 25 years. As with most software, it was initially simple to use and limited in its application. Over the years it has become more sophisticated and some versions can be complex to use.



Mary Flanagan relies on text reading software to announce the words, and if needed, the letters of text that appear on her screen as the software, JAWS, reads emails and documents aloud. She navigates a page using key strokes, as the software's electronic voice calls out each word in rapid succession.

She doesn't need a monitor or a mouse at her work station except for others to use when they need to access her computer.

— Photo by Jim Jones, DHHS Public Affairs

The software interfaces with the computer display and with the keyboard. The user must have relatively good touch typing skills, as all commands are entered using the keyboard. Using the mouse is not an option due to that elusive cursor problem. The program comes with synthesized speech, so whatever is on the computer screen can be read by entering keyboard commands. Fortunately, synthesized speech has come a long way as well, so it is now easy to understand and does not sound like a robot speaking a foreign language. Once an individual becomes proficient with the more complex screen

reader programs, they should be able to use most of the Microsoft Office desktop programs, as well as the Internet.

## Accessibility a Must

The other key element that is necessary for someone who is visually impaired to be successful using speech software is that the program or web page must be accessible. In basic terms, this means that it is designed in such a way to

**cont. on page 18**

**Accessibility cont. from page 17**

allow the use of keyboard commands to navigate and enter information. Through the information provided when navigating and using the synthesized speech, the user should be able to intuitively understand what is in the text, enter data or create documents.

Microsoft products have been developed so that speech software can be used with them. This is also true with Apple products. Through many years of advocating and educating, these software companies now routinely design their software with accessibility being a component. The greater challenge for someone using speech software is the Internet. The World Wide Web has made vast amounts of information available for individuals who are visually impaired, but its availability is dependent upon how accessibly a Web site has been designed. The problem is that so many people can develop Web sites, but not everyone understands how to develop one that ensures accessibility.

**DHHS Role**

Why is it important for employees of DHHS to know about electronic accessibility? Primarily for two reasons:

- First, because we serve individuals who are visually impaired who need to know about programs and services, plus we also have employees who are visually impaired.
- Secondly, in many instances it is legally mandated. Under the

Americans with Disabilities Act, state and local governments must make information about programs and services accessible. This includes not only electronic information but print information as well. So much information is being presented electronically through the department's Web sites, including legal rights, disaster preparedness, health, and employment information. Shouldn't the consistent practice of ensuring that electronic information is accessible be considered good customer service for both internal and external customers?

In 1998, the federal government mandated that all of its Web sites must meet a standard for accessibility. This is known as Electronic and Information Technology Accessibility Standards and is Section 508 of the Rehabilitation Act Amendments. Many state governments have passed similar legislation adopting these standards for their Web sites. These standards not only address the design of the Web site but also anything visual such as a graphic, which must have a word that is spoken, or a photograph that must have an integrated description. These words or descriptions are spoken by the speech synthesizer when the individual scrolls down to that graphic or picture. They also provide standards for any attachments such as videos, audio, or forms.

Accessibility does not have to be overly complex. The most important condition is that the text must be editable (i.e. not a picture of text where the individual words cannot be highlighted or edited). Editable text is usually created by a word processing program such as Microsoft Word or by OCR (Optical Character Reader) software – not a picture type file, such as scanned text. File types such as JPG, TIFF, or BMP cannot be read by a screen reader. Editable text in PDF files is accessible, but only in those created by Adobe versions 8 or newer. So, by using up-to-date software and editable text, you can nearly always be certain that your documents will be accessible.

As the saying goes, "We have come a long way." But we still have a considerable ways to go to ensure equal access.

For more information about electronic accessibility you can go to:

- Section 508: The Road to Accessibility  
**[www.section508.gov](http://www.section508.gov)**
- Information Technology Technical Assistance and Training Center  
**[www.ittatc.org](http://www.ittatc.org)**
- How to Create Accessible Adobe PDF Files  
**[www.employmentincentives.com/federal\\_incentives/documents/adobe\\_access\\_booklet.pdf](http://www.employmentincentives.com/federal_incentives/documents/adobe_access_booklet.pdf)** ■

*– Mary Flanagan, Division of Services for the Blind*

# DVRS cites 3 for leadership, customer service and creativity

The Division of Vocational Rehabilitation Services honored staff members in Raleigh, Charlotte and Washington with its tenth annual, statewide “VR All-Star Awards.”

The categories and winners are:

## ■ Leadership –

Daniel Stevens, a rehabilitation education specialist in Washington, was cited for outstanding achievement in leadership. The award praises Stevens for being a driving force in establishing the agency’s dual-customer approach to serving people with disabilities and their prospective employers as co-equal customers.

- **Customer Service** – Honored for customer service was Melinda Remaley, a business services coordinator in the Raleigh central administrative office. The award cites Remaley for the “organized, detailed and caring way” she goes about her job, frequently working behind the scenes to make sure all details fall into place and challenges are overcome.



All Stars, left to right, Celeste Helling, Melinda Remaley and Daniel Stevens.

## ■ Creativity – Cited for

creativity was Celeste Helling, a speech-language pathologist in the agency’s Charlotte assistive technology service center. The award honors Helling for creative service delivery to people with disabilities, as exemplified by her development of free software to assist in evaluating her consumers’ speech and language skills.

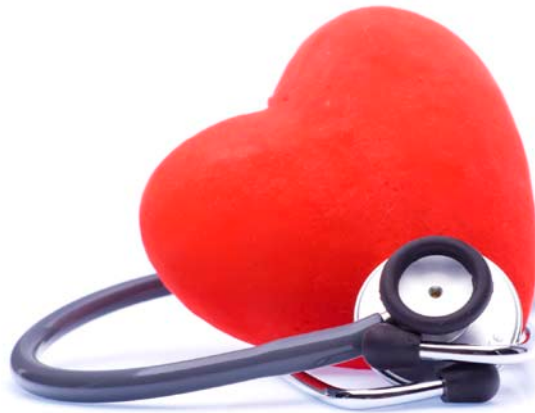
The three were chosen from 11 recipients of the division’s regional “Superstar Awards.” Employee volunteers manage the awards program in which agency staff nominate and vote on their co-workers.

Linda Harrington, director of the division, thanked the honorees and congratulated them “on achieving the greatest honor this agency bestows ... With this highest statewide recognition, you have been honored by your co-workers as ‘the best of the best.’”

Secretary Lanier M. Cansler also congratulated the recipients, saying that the work of the division “is an integral, important part of the department’s mission to

serve the people of North Carolina, most especially those with disabilities. The contributions for which you’ve been recognized are indispensable in carrying out that work.” ■

– Ed Bristol, Division of Vocational Rehabilitation Services



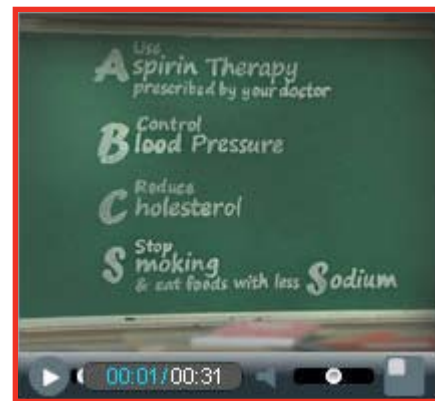
**February is Heart Health Month.** Heart disease is the second leading killer among North Carolinians. The Heart Disease and Stroke Prevention Branch of the Division of Public Health encourages all employees to know their ABCS to reduce your risk for heart disease and stroke.

**Aspirin** – Use aspirin therapy prescribed by your doctor

**Blood Pressure** - Control blood pressure

**Cholesterol** – Reduce your cholesterol level

**Stop Smoking** and eat foods with less Sodium



Check out Heart Lessons, a new commercial airing on statewide cable TV during February at **[www.startwithyourheart.com](http://www.startwithyourheart.com)**

**And put on your red this Friday, February 3, during National Wear Red Day, to help increase awareness of the fight against heart disease in women.**